# EHSI

Electronic Health Solutions International

شـركة الحوسـبة الصـحية الـدولية

Where **HEALTHCARE**
Meets **TECHNOLOGY**

www.ehs-int.com

# Challenges facing the health insurance sector

Patient Safety

Bureaucracy

Paper Work

Process Efficiency

Waste of medications, lab tests and radiology films

# Electronic Health Solutions International (EHSI)

Hakeem has over 8 M active records in the public sector

Established a single hub to exchange all health insurance transactions

Unified/ mapped codes across payers and providers

# EHSI's Solution Benefits

Patient safety

Medical cost reduction

Preventive medicine

Chronic disease management

Health information exchange

Support decision makers

Unified patient record

Improve the quality of healthcare services

# Why EHSI?

- Proven technology

- A blend of local and international experts combining the international standards and local awareness

- A specialized team of over 400 experts

- A 24/7 service center for the region.

# Major challenges facing health insurance in Jordan

**Unavailability of real-time information** to support decision making related to health insurance

**Approximately 20-40% of expenditure** is wasted due to inefficiencies in the health system.
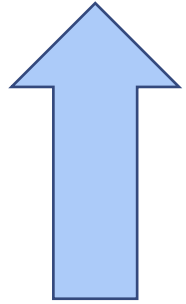
**Limited infrastructure** to support the rollout of **mandatory health insuranc**e in the Kingdom

**Absence of a comprehensive health insurance system** and **potential duplication abuse** of public and private health insurance and health service delivery

**Delayed access** to insurance companies' fiscal information, performance, penetration, etc.. limiting the opportunity to intervene and prevent potential bankruptcies
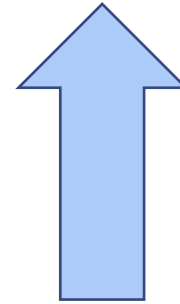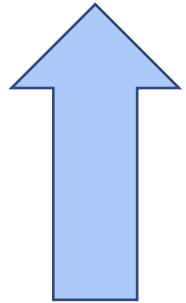
Is a **technology enabled community**, utilizing an IT platform to serve health insurance stakeholders

To generate, exchange, analzye and take decisions for various **payer-provider transactions** & information such as :

E-Authorizations, eClaims, ePrescriptions, eReferrals, Member Communications, Registries, etc.

**Using demographic, medical, financial, policy, and administrative** information

Connecting stakeholders using a **common healthcare**

**language and communication approach**

# E-Claim project's objectives

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## Increase Efficiency
• Reduce Operational Cost
• Enhance Effective Communication
• Improve Revenue Cycle Management
• Reduce Errors, Fraud, Waste and Abuse

## Improve Clinical Outcome
• Enhance Patient Safety
• Improve Medical Practice
• Enable Advanced Health Research
• Empower Disease Management

## Enhance Patient Experience
•Communicate with Providers, Payers & Regulator Effectively
•Explore Options Based on Quality Indicators & Ratings
• Improve Healthy Lifestyle (Mobility Enabled)
• Increase Patient Satisfaction
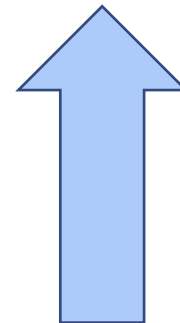
## Empower Regulator Role
• Introduce Transparency for all stakeholders
• Monitor & Engage Effectively with Community
• Improve Competitiveness of the Health Sector
• Improve the medical tourism as it needs safe and effective health insurance systems.
• Improve Healthcare Services to the Population

# Benefits for Healthcare Providers (Hospitals / clinics)

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## Improved Revenue Cycle

Enable direct payment by using electronic payment methods. Faster claiming processes, and faster adjudication results from insurers leading to a faster recovery of claims and an overall shorter and better revenue cycle.

## Minimize Rejections

Real time authorization leading to eliminate rejections from insurance companies on claims.

## Clinic Management Package

Comprehensive solution for managing clinics and patient records through an international EHR, care providers will be able to provide a better care by getting access to patient's lab results, allergies ,radiology reports, etc.  through a lifetime health record.

## Consistent Pricing

A single platform will enable consistent pricing as agreed with insurance companies or standardized in market.

## Efficiency Improvement

Better efficiency in managing insurance relations and approvals in few seconds . Providers will  use one system to talk to all payers instead of many systems.

## Compliance

Complying with payers regulations will lead to insurance patient traffic and encourage health tourism by encouraging international  insurance companies  to utilize the standardized pricing. Also, the system will enable patients exchange between public/private providers

# Benefits for Pharmacies

### Standard Health Language

Using international standard code sets that will unify the healthcare language between healthcare Providers and Payers which will eliminate errors and variances.

### Unified Prices

A single platform will enable consistent pricing as agreed with insurance companies or standardized in market. Which will create and insure fair competition environment among all pharmacies .
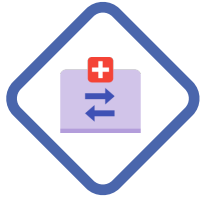
### Disease Management Programs

Ability to build programs with insurance companies towards managing patient and disease, including refills and adherence programs that could lead to additional revenue and traffic.
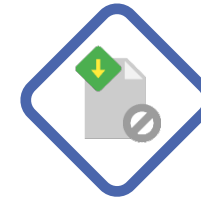
### Eliminate Rejections

Real time authorizations before dispensing medications leading to elimination of rejections from insurance companies on claims.

### Enhanced Efficiency

Quicker processes leading to better efficiency in managing insurance relations and approvals in few seconds. Pharmacies will use one system to talk to all payers instead of many systems.
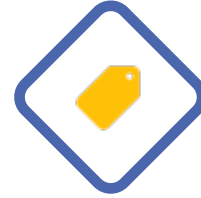
### Improved Revenue Cycle

Enable direct payment by using electronic payment methods. Faster claiming processes, and faster adjudication results from insurers leading to a faster recovery of claims and an overall shorter and better revenue cycle.

# Benefits for Radiology & Lab Centers

### Patient Data

Comprehensive solution that maintains and facilitates the exchange of patient results between healthcare providers.

### Compliance

Ensure regulatory compliance in healthcare insurance related transactions with payers that will eventually lead to more insurance patient traffic

### Enhanced Efficiency

Quicker processes leading to better efficiency in managing insurance relations and approvals in few seconds. Lab and Radiology centers will use one system to talk to all payers instead of many systems.
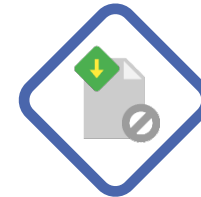
### Consistent Pricing

A single platform will enable consistent pricing as agreed with insurance companies or standardized in market. Which will create and insure fair competition environment among all pharmacies.

### Eliminate Rejections

Real time authorizations before doing lab tests/ radiology exams leading to eliminate rejections from insurance companies on claims.

### Improved Revenue Cycle

Enable direct payment by using electronic payment methods. Faster claiming processes, and faster adjudication results from insurers leading to a faster recovery of claims and an overall shorter and better revenue cycle.

# Benefits for Healthcare Payers

### Formulary & Rebates

Ability to build new products with drug formularies that promote locally manufactured drugs, and create a revenue opportunity from multinational pharma companies through rebates.

### Transaction Management

An integratable solution for managing provider claims related to their insured member portfolio.

### Enhanced Efficiency

Quicker processes leading to better efficiency in managing provider and network relations and shifting focus to what matters most – i.e. managing risk.

### Consistent Outcomes

Effectively run integratable logics, rules, and edits to assure consistency in managing patient related services that no human can run manually.

### Tackle Fraud, Waste, and Abuse

Real time adjudication of claims including the ability to build rules through external systems to prevent fraud, waste, and abuse.

### Reporting and Analytics

Real-time access to claims data through reporting tools and analytics assisting in making better underwriting and claims reimbursement decisions.

# Benefits for Patients



### Enhanced Patient Safety

Comprehensive solution for managing clinics and patient records through an international EHR, care providers will be able to provide a better care by getting access to patient's lab results, allergies ,radiology reports, etc.   through a lifetime health record.

### Quick Turnaround Times

Reduced waiting times for approvals, and faster authorization leads to   increasing patient satisfaction.

### Transparency

Explore options based on quality indicators and ratings of healthcare providers in advanced stages.

### Unified Records

Centralized claims system allowing for further integration with EHR allowing for potential future medical record exchange between public/private providers.

### Effective Communication

A unified real-time transactional system enhancing communication opportunities with payers, providers and regulators

### Enhanced Benefit Coverages

Through better control measures on fraud, waste, and abuse, leading to reduced premiums and better benefit coverages.

# Benefits for Regulator

Government expenditure is increasing struggling to provide universal healthcare.

Errors, fraud, waste & abuse (EFWA) in health care estimated at 20-40%.

Lack of centralized, organized key structured health & financial data.

Population to be insured and served properly, needs systems to manage.

No proper monitoring and intervention for people & their wellness.

Government to monitor, analyze, intervene and control expenditure.

Reduction in 7 out of the 10 leading reasons of waste as per WHO categories.

Centralized data, unified language, schema, enabled decision support systems.

Monitor, manage and control the healthcare system, reducing risk, enabling success.

Monitors, strategize & intervene towards a connected healthy community.

# Thank you

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